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APPLICANTS

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** CONTINUING DATA ***** ok /lb/

** FOREIGN APPLICATIONS ***** ok /lb/

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CA	4	20 5	8 1

ADDRESS

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TITLE

Hydrodynamic suture passer

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